State Form 51765 (R4 / 11-16)

COMPLIANCE WITH STATEMENT OF BENEFITS PERSONAL PROPERTY

Prescribed by the Department of Local Government Finance

MAY 1 5 2019

FILED

FORM CF-1/PP

PRIVACY NOTICE This form contains information

confidential pursuant to IC 6-1.1-35-9 and IC 6-1.1-12.1-5.6.

INSTRUCTIONS: 1. Property owners whose Statement of Benefits was approved must file this form with the local Designating Body to show the extent to which there has been compliance with the Statement of Benefits. (IC 6-1.1-12.1-5.6)

2. This form must be filed with the Form 103-ERA Schedule of Deduction from Assessed Value between January 1 and May 15 of each year, unless a filing extension under IC 6-1.1-3.7 has been granted. A person who obtains a filing extension must file between January 1 and the extended due date of each year.

tion for multiple projects may be consolidated on one (1) compliance (CF-1)

3. With the approval of the des	igriding body,		Annual Control	AND DESCRIPTION OF THE PERSON NAMED IN					
SECTION 1		TAXPAYER IN	HORMAII	OIN		County			
Name of laxpayer GATX CORPORATION		VIGO							
Address of taxpayer (number and street, city, state, and ZIP code)							DLGF taxing district number		
233 S WACKER DRIVE, CHICAGO, IL 60606									
Name of contact person		Telephone number							
WILLIAM L GANNON							(312)621-6299		
SECTION 2	LOCATIO	N AND DESCR						COTTO	
Name of designating body CITY OF TERRE HAUTE COMMON COUNCIL Resolution number 2017-14						Estimated start date (month, day, year) 10/15/2017			
Location of property						Actual start date (month, day, year) 11/1/2017			
4400 MAPLE AVENUE, TERRE HAUTE, IN 46704 Description of new manufacturing equipment, or new research and development equipment, or new information technology						Estimated completion date (month, day, year)			
equipment, or new hogistical distribution equipment to be acquired. COMPRESSORS, PIPING, CLEANING RACK, FORKLIFTS, WELDERS, TOOLS, BLAST EQUIPMENT,						12/31/2020			
COMPRESSORS, PIPING, CLEANING RACK, FO CRANES, HYDRAULIC JACKS, AND RELATED	,	Actual completion date (month, day, year)							
SECTION 3		EMPLOYEES A	AND SALA	RIES					
	S AND SALA		200		AS EST	IMATED ON SB	-1	ACTUAL	
Current number of employees						78		27	
Salaries						3,345,825.00		1,342,100.00	
Number of employees retained						23 19		19	
Salaries	9	1,004,640.00 992,		992,600.00					
Number of additional employees						55		8	
Salaries		a Balana in to	an and ou	ngilan kan		2,341,185.00	5.5 A \$.5	349,500.00	
SECTION 4		COST AN	D VALUES			252647242			
	MANUFACTURING R & D EQUIPMENT EQUIPMENT			LOGIST DIST EQUIPMENT		IT EQ	IT EQUIPMENT		
AS ESTIMATED ON SB-1	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	
Values before project		463,780.00							
Plus: Values of proposed project		7,046,950.00				-			
Less: Values of any property being replaced								-	
Net values upon completion of project		7,510,730.00		ACCTOCED	O CONTROL OF THE PARTY OF THE P	AGGEGGED		ASSESSED	
ACTUAL	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	ASSESSED VALUE	COST	VALUE	
Values before project		463,780.00							
Plus: Values of proposed project		7,046,950.00							
Less: Values of any property being replaced							1 / V		
Net values upon completion of project		7,510,730.00						E De la	
NOTE: The COST of the property is confidential									
SECTION 5 WASTE CO	NVERTED A	ND OTHER BE	NEFITS P	ROMISED BY	THE TAXPA	YER			
WASTE CONVERTED	AS ESTIM	AS ESTIMATED ON SB-1		ACTUAL					
Amount of solid waste converted	10.00								
Amount of hazardous waste converted		1/			10				
Other benefits:					h		361		
		n Associatión					A comment		
SECTION 6		TAXPAYER C	ERTIFICA	ION					
I hereby certify that the representations in this s	statement are	true.							
I nereby certify that the representations in this s				<u> </u>			_		

OPTIONAL: FOR USE BY A DESIGNATING BODY WHO ELECTS TO REVIEW THE COMPLIANCE WITH STATEMENT OF BENEFITS (FORM CF-1) THAT WAS APPROVED AFTER JUNE 30, 1991.

INSTRUCTIONS: (IC 6-1.1-12.1-5.9)

- 1. This page does not apply to a Statement of Benefits filed before July 1, 1991; that deduction may not be terminated for a failure to comply with the
- 2. Within forty-five (45) days after receipt of this form, the designating body may determine whether or not the property owner has substantially complied with the Statement of Benefits.
- 3. If the property owner is found NOT to be in substantial compliance, the designating body shall send the property owner written notice. The notice must include the reasons for the determination and the date, time and place of a hearing to be conducted by the designating body. If a notice is mailed to a property owner, a copy of the written notice will be sent to the County Assessor and the County Auditor.
- 4. Based on the information presented at the hearing, the designating body shall determine whether or not the property owner has made reasonable effort to substantially comply with the Statement of Benefits and whether any failure to substantially comply was caused by factors beyond the control of the property owner.
- 5. If the designating body determines that the property owner has NOT made reasonable effort to comply, then the designating body shall adopt a resolution terminaling the deduction. The designating body shall immediately mail a certified copy of the resolution to: (1) the property owner; (2) the County Auditor; and (3) the County Assessor.

We have reviewed the CF-1 an	d find that:						
the property owner IS in s	ubstantial compliance						
the property owner IS NO	T in substantial compliance						
Other (specify)							
Reasons for the determination (attac	h additional sheets if necessary)						
Signature of authorized member				Date signed (month, day, year)			
Attested by:			Designating body				
				tuelts for a boosing. The following date and			
	not to be in substantial compliance be purpose of considering complian		ty owner snall receive the oppo	rtunity for a hearing. The following date and			
Time of hearing	Date of hearing (month, day, year)	Location of hearing					
РМ	HEARING RESU	 LTS (to be	completed after the hearing)				
	Approved		Denied (see Instruction 5 a	bove)			
Reasons for the determination (attac	h additional sheets if necessary)						
•				,			
Signature of authorized member				Date signed (month, day, year)			
Attosted by:			Designating body				
			IC 6-1.1-12.1-5.9(e)]				
A property owner whose dedi	uction is denied by the designating ourt together with a bond condition	body may a ed to pay th	ppeal the designating body's de e costs of the appeal if the app	ecision by filing a complaint in the office of the eat is determined against the property owner.			